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ENCLOSURE B



# Drug Abuse Control Program Activities In Vietnam

B-164031(2)

Department of Defense

*BY THE COMPTROLLER GENERAL  
OF THE UNITED STATES*

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## ABBREVIATIONS

AFVN	Armed Forces Vietnam Radio and Television
CID	Criminal Investigation Division
DEROS	Date Eligible to Return from Overseas
DOD	Department of Defense
FRAT	Free Radical Assay Technique
GAO	General Accounting Office
GLC	Gas Liquid Chromotography
JCG	Joint Customs Group
JNID	Joint Narcotics Investigation Detachment
LSD	lysergic acid diethylamide
MACV	Military Assistance Command, Vietnam
MP	military police
OSI	Office of Special Investigations
SP	security police
TLC	Thin Layer Chromotography
UCMJ	Uniform Code of Military Justice
USARV	United States Army, Vietnam

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## CHAPTER 1

### INTRODUCTION

In this enclosure to the General Accounting Office report,<sup>1</sup> we discuss our study of drug abuse control activities affecting military personnel. We made our study at the headquarters and subordinate unit activities of the Military Assistance Command, Vietnam (MACV), the U.S. Army, Vietnam (USARV), and the 7th Air Force. (See app. I.)

This information was obtained from interviews with approximately 320 officers and enlisted men who were responsible for administering the program or who had participated in its various aspects. We obtained their opinions and other information available concerning the prevalence of drug abuse and the extent and effectiveness of the drug abuse program within their units. We also distributed two questionnaires to 555 men in the various units and detoxification and/or rehabilitation facilities visited. The questionnaires asked individuals about their opinions on the credibility and effectiveness of military drug abuse programs and their knowledge of drugs. The questionnaire also asked drug users what types of drugs they used and how often they used them.

Until the fourth quarter of calendar year 1970, drug abuse among military personnel in Vietnam was primarily limited to marihuana. At that time, the use of heroin began to rise and has now become the military's most serious drug problem in Vietnam. All types of dangerous drugs--marihuana, opiates, barbiturates, amphetamines, and hallucinogens--were readily available. Drugs generally could be purchased from street peddlers or Vietnamese working on military bases--many Vietnamese, often boys 8 to 15 years old, sold illicit drugs.

Drugs were relatively cheap, a 0.25 gram-vial of heroin 94 to 97 percent pure could be purchased for \$2.50 to \$10 a

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<sup>1</sup>"Drug Abuse Control Activities Affecting Military Personnel--Department of Defense" (B-164031(2), July 1972).

vial This compares to a stateside price of about \$20 for a similar quantity that is only 4 to 12 percent pure heroin

Reliable estimates of the incidence of drug use among military personnel in Vietnam were not available, however, some unit commanders estimated that 30 percent or more personnel used heroin The Army projected similar rates based on questionnaires it distributed to unit personnel on a sample basis Army officers generally did not believe that information projected from such questionnaires represented all Army forces in Vietnam Such estimates were substantiated in only two of 282 unannounced unit urinalysis tests conducted through November 6, 1971 Although the unannounced testing showed several units having more than 10 percent drug users, it showed also an overall use rate of only 5 3 percent

Information obtained from our questionnaires indicated the drug users in Vietnam generally (1) were between 18 and 24 years old (94 percent), (2) were grade E-4 or below (77 percent), (3) were in the military more than 1 but less than 3 years (81 percent), (4) were in Vietnam less than 1 year (63 percent), (5) were recipients of at least some high school education (66 percent) and (6) had used marijuana (76 percent), amphetamines (36 percent), or barbiturates (41 percent) before coming to Vietnam Similar results, although not completely comparable, were obtained from Army questionnaires and from data on 3,575 drug users detected by urinalysis testing

#### RESPONSIBILITY FOR DRUG ABUSE PROGRAMS IN VIETNAM

The Military Assistance Command, Vietnam, had overall management responsibility for the drug abuse control program in Vietnam. MACV issued directives applicable to MACV staff agencies and subordinate and component commands, these directives had to be complied with unless they were in conflict with service directives. The major MACV subordinate commands were the U.S. Army, Vietnam, and the 7th Air Force.

MACV's stated policy was to prevent and eliminate drug abuse within the command and to initiate rehabilitation for individuals desiring such help or for those detected as

drug abusers. MACV's drug abuse control program was quite extensive and required a coordinated program for identifying drug abusers, for detoxifying and rehabilitating identified users, and for making military personnel aware of the consequences of drug abuse.

USARV and 7th Air Force were responsible for implementing the MACV policy directives within their own services. The Deputy Chief of Staff, Personnel and Administration, coordinated the drug abuse control program in USARV, including issuing guidelines for program implementation, collecting and releasing program data, and monitoring the subordinate commands' programs. A similar function was performed by the Directorate of Personnel within the 7th Air Force.

IDENTIFIABLE COSTS FOR OPERATING  
DRUG ABUSE PROGRAMS IN VIETNAM

MACV had established no requirements for accumulating the costs of carrying out the drug abuse program in Vietnam. USARV and 7th Air Force had begun certain cost accumulations on July 1, 1971, and September 10, 1971, respectively. Reported expenditures through October 31, 1971, included

<u>USARV</u>	<u>Amount</u>
Type of expense	
Full-time military personnel (note a)	\$ 864,662
Travel	6,136
Supplies (note a)	952,442
Equipment (including urinalysis-testing equipment)	457,546
Construction and alteration of facilities	255,000
All prorated costs of operating drug treatment centers	<u>1,709,784</u>
Total	<u>\$4,245,570</u>
<u>7th Air Force</u>	
Medical supplies	\$ 73,200
Evacuation of drug users to United States	<u>41,156</u>
Total	<u>\$ 114,356</u>

<sup>a</sup>These expenditures include all costs for personnel and supplies except at the drug treatment centers, and approximately 168 men who were assigned temporarily from the United States to establish the urinalysis-testing laboratory

USARV received \$400,000 from U.S. Army, Pacific, and approximately 168 men from the Department of the Army to set up and initially operate the urinalysis-testing centers. The Department of the Army paid their salaries and related expenses for 90 to 120 days. No records on these expenditures were available in Vietnam. Neither USARV nor 7th Air Force had received any other special funds to implement their drug abuse program, and, except as noted, all above expenditures were made from normal operating budgets. No costs were accumulated for drug program activities at the unit level, i.e., costs for drug exemption classes at company level and for operation of rehabilitation facilities for exemption participants.

Also, USARV spent \$105,000 for 3,000 kits, each containing 32 books, distributed to battalion level units within USARV.



## CHAPTER 2

### LAW ENFORCEMENT AND DRUG SUPPRESSION

Military investigative units in Vietnam devoted a significant amount of time to controlling drugs. Their activities had been coordinated with Vietnamese drug suppression efforts. MACV and USARV officials believed these efforts had reduced the availability of drugs, however, drugs were still available on or near military bases and in populated areas. Some enlisted men believed that reducing the availability of marihuana resulted in some individuals' switching to heroin.

Generally military personnel were not being prosecuted under courts-martial for simple use or possession of drugs. Instead, they usually received nonjudicial punishment for possession of marihuana and administrative discharges from the service for possession of heroin or other drugs. Those individuals apprehended for selling drugs were prosecuted under courts-martial and, if convicted, generally received stiff sentences.

### MILITARY POLICE ACTIVITIES

The major U.S. military police (MP) command was the Army's 18th Military Police Brigade. The Brigade's activities were supplemented by MP detachments at the two remaining Army divisions and at certain other locations in Vietnam and by Security Police (SP) detachments responsible for security and police support at all Air Force facilities.

Military police activities were divided into two categories--general law enforcement activities and criminal investigations. General law enforcement activities included providing installation security, policing installations and populated areas to insure that military personnel complied with applicable laws and regulations, operating detection facilities, and escorting prisoners of war. Criminal investigation units (Criminal Investigation Division (CID) in the Army and Office of Special Investigations (OSI) in the Air Force) were generally responsible for all criminal investigations, including a coordinated effort to eliminate drug supply sources.

MP and SP performed the major drug suppression activities in addition to their normal duties. They considered the most effective methods to be intermittent searches of personnel and vehicles entering the gates and "pat-down" searches of all installation employees who were not U S citizens. We observed the following procedures at the main entrance to the Army installation of Long Binh.

--Anyone entering the base could be required to show a valid identification card--a check was always made of local nationals

--Periodic searches of American personnel and vehicles were made

--Local nationals were authorized to enter and to leave by only one gate. At the entrance they received pat-down searches and exchanged their Vietnamese identification cards for post identification cards. These procedures were reversed at the exit.

The volume of traffic entering and leaving a post did not permit the search of all American personnel and vehicles at each entry and exit.

MP and SP also confiscated drugs and apprehended drug offenders while investigating other offenses such as traffic or off-limits violations or on the basis of tips from informants or formal complaints.

CID and OSI personnel were responsible for drug suppression activities within Vietnam. They posed as soldiers to make controlled buys of drugs to apprehend individuals making actual sales. CID increased its percentage of overall workload time expended on drug cases from 48 percent in 1968 to 71 percent from January 1 through August 25, 1971. Total drug cases completed by the 18th Military Police Brigade, CID, during that period are shown below.

	Number of investigations				Total
	1968	1969	1970	January 1 through August 25, 1971	
Type of drug:					
Marihuana	2,041	3,048	3,687	1,113	9,889
Narcotic	75	138	534	3,054	3,801
Nonnarcotic	-	467	836	247	1,550
Total	<u>2,116</u>	<u>3,653</u>	<u>5,057</u>	<u>4,414</u>	<u>15,240</u>

The special efforts being made to constrict the supply and movement of drugs within Vietnam are described below

#### DRUG SUPPRESSION TEAMS

Drug suppression teams had been or were being established within each battalion of the 18th Military Police Brigade. These teams were to work undercover or in the open, unilaterally within U S installations or as combined operations in the Vietnamese community. The teams received guidance and instructions from CID and funds and personnel when required.

#### JOINT CUSTOMS GROUP

The Joint Customs Group (JCG) had headquarters at Long Binh and detachments in DaNang, Cam Ranh Bay, and Saigon. As of September 1971, JCG, composed of members of each service and the U.S. Bureau of Customs, had 166 assigned personnel and 44 attached personnel. JCG's mission was

- To establish a centrally controlled customs organization having overall responsibility for customs operations in Vietnam.
- To stabilize, refine, and improve customs procedures in Vietnam.
- To place trained, law enforcement-oriented personnel in a position to counteract the flow of marihuana, drugs, and other contraband to the United States or other locations.

--To conduct customs inspections of postal, unaccompanied or accompanied baggage, and household goods at various airports and units in Vietnam

#### MARIHUANA DETECTOR DOG TEAMS

There were nine trained marihuana detector dog teams in Vietnam. three teams at Long Binh, and two each at Saigon, Cam Ranh Bay, and DaNang. Each team consisted of one dog and its handler and operated at airports and baggage shipping centers and occasionally assisted commanders in unit-shakedown inspections. MP commanders' opinions differed on the dogs' effectiveness in detecting marihuana, however, it was agreed, in general, that the dogs' presence alone was an effective deterrent

#### JOINT NARCOTICS INVESTIGATION DETACHMENT

The Joint Narcotics Investigation Detachment (JNID), which became operational on January 15, 1971, was part of the 8th Military Police Group. It consisted of five main teams, composed of personnel from the U S Army, Navy, and Air Force, the U S Bureau of Narcotics and Dangerous Drugs, CID, the Vietnamese Army, and the Vietnamese National Police. The headquarters team was in Saigon (14 authorized members) and the remaining teams (10 authorized members each) were located in DaNang, Nha Trang, Bien Hoa, and Can Tho

The military in Vietnam reported drug apprehensions and confiscations for all operations from January 1 through October 31, 1971, and the information obtained is summarized below

	<u>Army</u>	<u>Air Force</u>	<u>Total</u>
Men apprehended	8,531	475	9,006
Confiscations.			
Heroin (pounds)	215	2	217
Opium (pounds)	803	-	803
Dangerous drugs (tablets)	109,913	611	110,524
Marihuana (bulk-pounds)	1,905	41	1,946
Marihuana (cigarettes)	204,641	2,972	207,613

OPINION ON EFFECTIVENESS OF  
LAW ENFORCEMENT EFFORTS

MACV and USARV Provost Marshals believed that law enforcement efforts had restricted the supply of drugs but that drugs could still be obtained on or near military bases and in populated areas. The MACV official believed the major problem was the relatively light sentences given to drug traffickers by the Vietnamese courts.

The majority of enlisted men responding to our questionnaires rated no activities--military police, customs, or Vietnamese police--more than partially effective in restricting the supply of all drugs, except marihuana. Several drug abusers stated that the crackdown on marihuana was effective because marihuana was bulky and had a distinctive odor when smoked. They believed that the crackdown's effectiveness had induced many marihuana smokers to turn to heroin

ACTIONS TAKEN AGAINST INDIVIDUALS  
CHARGED WITH DRUG OFFENSES IN VIETNAM

Army and Air Force disposition of apprehended drug abusers from January 1 through October 31, 1971 was.

	<u>Army</u>	<u>Air Force</u>	<u>Total</u>
Courts-martial	1,220	82	1,302
Article 15	2,471	81	2,552
Administrative dis- charges	<u>1,435</u>	<u>61</u>	<u>1,496</u>
Total	<u>5,126</u>	<u>224</u>	<u>5,350</u>

The Army had significantly reduced the legal action taken against its personnel for drug possession beginning about July 1971. During July 1971, the volume of drug offenses became so great that some cases took several months to come to trial. Therefore the Army changed its policy of court-martialing all drug offenders, and as a result, it was able to handle drug offense cases more quickly.

The Army used the following procedures

- Marihuana cases were handled by nonjudicial punishment under Article 15 Uniform Code of Military Justice (UCMJ), except when the quantity involved clearly indicated that the man was a supplier or a seller
- Men arrested for heroin possession were permitted to request an undesirable discharge under chapter 10 of Army Regulation (AR) 635-200. By accepting this discharge, the man could avoid possible confinement
- Pretrial agreements were used whereby a man could plead guilty and receive a lighter sentence than if he had pleaded innocent and was convicted.
- Men arrested for simple heroin possession (not more than they would need to support their own habit) generally were offered a chance for rehabilitation. However, if they were arrested again on drug charges, they were administratively separated from the service

The Army attempted to bring all drug sellers before a general courts martial, however, it was difficult to prove that a man was a seller

Interviews with five men convicted and sentenced for the sale and possession of heroin disclosed that they were all aware of the Army's exemption program (See p 27.) Two men had already been on exemption, two others believed the Army would not prosecute them for using drugs if they had been granted exemption, but they had not requested it, and the last man did not trust the Army and thought that exemption was a trick to make him admit to using heroin

Air Force policy generally was the same as Army policy, although sentences imposed frequently were lighter. For example, some men apprehended for possession of heroin were given nonjudicial punishment under article 15

## CHAPTER 3

### EDUCATIONAL PROGRAMS

MACV was responsible for the overall drug education efforts in Vietnam. MACV Directive 190-4, dated December 10, 1970, required that certain drug education efforts be expanded, including

- Drug abuse suppression councils within each command down to the battalion-squadron level to analyze, evaluate, and monitor all aspects of narcotics and drug suppression activities within the command.
- A vigorous, continuing educational program to insure that military personnel are aware of the dangers to their health, future, and military unit inherent in the illegal use of drugs.

The military commands in Vietnam established extensive educational programs to make military personnel aware of the availability of drugs in Vietnam and of the dangers involved with abusing them. No criteria had been developed to evaluate these educational programs' effectiveness.

Command educational programs used Armed Forces radio and television, books and pamphlets, command newspapers, and posters, as well as formal and informal briefings by unit personnel and special drug teams to disseminate information on drugs to their personnel. Over 60 percent of the military personnel surveyed indicated that they preferred information from professional personnel, such as doctors and chaplains, and from former drug users.

Some commands were developing lesson plans and instructor training programs at every level including the battalion level. Both MACV and USARV had distributed lesson plans to subordinate units and had mobile educational teams available to present drug abuse briefings at the request of unit commanders.

The military commands we visited had complied with the requirements of MACV Directive 190-4 in varying degrees, as described below.

## DRUG ABUSE SUPPRESSION COUNCILS

The formation of drug abuse suppression councils was intended to keep battalion- and squadron-level commands apprised of all facets of the drug abuse program in Vietnam. These councils, though variously named, were organized at three of the four Army units and at the three Air Force bases visited. One of these three Army units had a command-level drug abuse suppression council that was organized in October 1971, this unit was forming group- and battalion-level councils. An official of the fourth Army unit stated that the drug abuse suppression councils had not been organized at all unit levels, however, such councils were being established. The minutes of council meetings disclosed that both Army and Air Force councils were primarily forums at which drug abuse problems could be aired. These councils also analyzed base drug abuse statistics and trends to pinpoint problem areas, disseminated information on drugs and drug abuse problems and programs, and formulated policies and guidance for administering the drug abuse program.

## DRUG ABUSE AWARENESS TEAMS

Two Army units with battalion-level drug abuse councils had extended their program to include battalion-level drug awareness teams. These teams, consisting of two junior enlisted men in one unit and an officer and a senior and junior enlisted man in the other, received specialized training in drug abuse and in counseling individuals with drug abuse problems. The enlisted members of these teams were assigned full time to drug suppression activities. Both units' teams presented drug education classes, counseled men privately and in groups on drug-related matters, and generally served as the focal point of all battalion drug abuse activities. Officers at each unit believed that such teams had been extremely successful in (1) establishing credible drug educational and exemption programs and (2) providing needed counseling and guidance to personnel participating in the Exemption Program.

Officers at the two other Army units believed such teams could be beneficial, provided that the team members had sufficient training in psychiatry or psychology to enable them to cope with the problems of the drug abuser.



The Air Force had not provided such teams, because they did not have extensive programs for base-level rehabilitation of drug users. However, teams of officers involved in the drug program had been used for educational programs only.

#### EDUCATIONAL CLASSES AND BRIEFINGS

We found little evidence of drug education classes and briefings before 1971, however, extensive efforts were made after MACV issued Directive 190-4.

The Army and Air Force began drug briefings in February and April 1971, respectively, for all new personnel shortly after their arrival. At one base, these briefings varied in length from 5 minutes for Army personnel to about 55 minutes for Air Force personnel and were generally followed by a newcomers' briefing at the unit during the first month of assignment. For Army personnel, the briefings usually were informal and small group sessions were arranged by the battalion or company commander or a senior noncommissioned officer. Air Force personnel generally received a classroom-type presentation from the base commander and representatives of the chaplain, Staff Judge Advocate, OSI, and surgeon, each officer provided information on his specialty related to the drug abuse program.

Air Force personnel also received drug-related information at each squadron commander's call.<sup>1</sup> At one base, special 50- to 60-minute classes were conducted twice daily for enlisted men in grade E-4 and below selected from the base's tenant units. The two other bases were providing more informal squadron level programs, including "rap" sessions and lectures by guest speakers.

Classes and briefings given to Army and Air Force personnel varied from unit to unit. In some cases all personnel were given the same information about characteristics of drugs and symptoms of their abuse. In some cases different

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<sup>1</sup>Commander's call is a regularly scheduled meeting conducted by a unit commander to present information to personnel under his command.

classes were provided for low-ranking enlisted men and for officers and/or noncommissioned officers. Classes given to low-ranking enlisted men stressed basic information on drugs and the physical, psychological, and legal consequences of their use, whereas classes for officers and noncommissioned officers stressed the recognition of drugs, probable hiding places for drugs, and legal search-and-seizure methods.

Although extensive drug education orientation and classes had been available, there were indications that some military personnel had not received such instruction. About 37 percent of the personnel responding to our questionnaire indicated that they had not received drug-related education classes or briefings while in Vietnam.

We were unable to determine whether all personnel had attended classes at the Army units and Air Force bases visited, because attendance records generally were not maintained. One Army unit did require its personnel to sign a statement acknowledging attendance at a 50-minute class on arrival, however, it did not maintain records for additional classes given by battalion-level awareness teams. Army officers advised us that records of class attendance were not required. The Air Force did not keep records of attendance at classes prior to July 30, 1971. Since then, the Air Force has maintained records at the three bases visited.

#### Adequacy of classes and briefings

We observed classes and briefings presented at various locations and reviewed lesson plans used for other classes. The quality and effectiveness of the presentations varied significantly from location to location. For example, one class appeared to be less effective than others because the presentation had no spontaneity--it was read verbatim from the lesson plan for about 55 minutes with practically no attempt to involve or establish rapport with the audience. Another MACV team presentation appeared more effective, primarily because it made use of former drug users assigned to MACV by the National Center for the Prevention of Drug Abuse

Our observations were confirmed somewhat by the responses to our questionnaires--54 percent believed the

classes were informative, whereas only 48 percent believed them to be interesting. Also, military personnel lacked certain basic information about drugs 56 percent knew that heroin is made from opium, 33 percent knew common slang names of amphetamines and barbiturates, 64 percent knew that using an unsterilized needle could cause hepatitis, and 41 percent knew that a person using LSD--lysergic acid diethylamide, an hallucinogenic drug--would have dilated pupils. This type of information generally was stressed in the various lesson plans and classes.

## OTHER EDUCATIONAL EFFORTS

MACV, USARV, and 7th Air Force had disseminated drug abuse information through Armed Force's Vietnam (AFVN) radio and television, command newspapers, charts and posters, and books and pamphlets. The extent that each was used is described below.

### AFVN radio and television

Drug information coordinated by the MACV Information Office was frequently disseminated over AFVN radio and television. Beginning June 15, 1971, emphasis was placed on locally produced spot broadcasts primarily over AM (amplitude modulation) radio, because the 1971 MACV audience survey indicated that 98 percent of U.S. forces owned or had access to a radio and 71 percent preferred the AM program. FM (frequency modulation) radio and television was emphasized less.

	<u>Number of spots a day</u>
AM radio	16 to 18
FM radio	4
Television	3

These local radio spots ranged from 1/2 to 2-1/2 minutes each and the television spots were about 1-1/2 minutes long. AFVN also aired radio and television drug abuse programs furnished by the Armed Forces Radio and Television Service, Los Angeles, Calif. In October 1971, AM and FM weekly radio spots were reduced to 35 and 10, respectively, whereas weekly television spots were reduced to seven.

### Command newspapers and Pacific Stars and Stripes

The units published newspapers containing numerous articles on drugs and their abuse, as well as information on the exemption program, the activities of various drug rehabilitation centers in Vietnam, and the urinalysis-testing program. For example, the MACV newspaper, The Observer, devoted an entire 12-page issue on July 30, 1971, to the drug abuse problem in Vietnam. The issue included

articles about (1) the President's message initiating the drug abuse counter offensive, (2) the Army and the Air Force drug exemption programs, (3) an Army and a Navy drug rehabilitation program, and (4) the urinalysis-testing program

Other newspapers complemented the educational efforts of the drug abuse program. The Pacific Stars and Stripes, for example, was the most widely read paper by the military in Vietnam and included almost daily articles on the drug abuse program from July 15 to October 31, 1971--the period of our review.

Charts, posters, books, pamphlets,  
and other written material

We found an abundance of other written material, charts, and posters available to the various units, ranging from quarterly MACV information guides to free Government and private source pamphlets. In general, the publications described the characteristics and symptoms of all types of abused drugs--marihuana, alcohol, opiates, amphetamines, barbiturates, and hallucinogens. Some publications had been used as handouts to military personnel upon arrival in-country or at briefings provided on drug abuse. Also, many posters and publications were placed on unit bulletin boards or in accessible areas to be read by interested personnel.

Battalion/squadron-level units generally had many books about drugs in their libraries, ranging in complexity from the simple to the very technical. USARV also bought 3,000 kits each containing 32 books that were distributed to battalion-size units within USARV.

EVALUATIONS OF THE EDUCATION EFFORT

We found no studies or other indicators on the success of the various educational efforts in deterring drug abuse. An Army official stated that no satisfactory indicators had been developed which would determine the effectiveness of particular techniques. Another Army official did not believe that success in deterring drug abuse could be attributed to a particular aspect of the drug abuse program, the success would have to be attributed equally to each aspect

of the program, including education, the exemption program, urinalysis testing, and law enforcement efforts

Although most officers had no objective means for measuring the impact of the educational efforts in deterring military personnel from drug abuse, they generally believed that the program had a positive effect. One officer believed that educational efforts would have a positive impact on only those individuals ignorant about the effects of drug usage or on those experimenting with drugs. However, one officer believed that people who were longtime users would ignore the class and would receive no benefit

## CHAPTER 4

### IDENTIFICATION OF DRUG USERS

Efforts were made to identify drug users among military personnel in Vietnam by inducing individuals to volunteer for aid through the exemption program, by detecting individuals involuntarily through urinalysis testing, and by apprehending individuals through conventional law enforcement activities. Each method produced the following results.

<u>Method of identification</u>	<u>Period</u>	Number of users identified (note a)
Voluntary		
Exemption program	Jan. 1 to Oct. 31, 1971	14,767
Involuntary.		
Urinalysis testing	June 18 to Oct. 31, 1971	7,426
Law enforcement efforts	Jan. 1 to Oct. 31, 1971	9,006

<sup>a</sup>Individuals may be counted more than once due to multiple participation in exemption or to identification by more than one method.

Urinalysis testing was the most objective means for identifying drug users available to the military commands in Vietnam. This test could result in early detection and thus could provide the user with the necessary aid at an early stage of drug use. However, urinalysis testing was subject to certain limitations--it identified an individual as a user for only 4 days after a drug was taken and was subject to human error inherent in testing and identifying urine samples. The Army and Air Force procedures observed in Vietnam were generally adequate to insure that a valid urine sample was provided and that it was properly identified and tested.

## NATURE OF URINALYSIS TESTS

Urinalysis testing, which began in Vietnam concurrently with the President's June 1971 message on the drug counter-offensive, consisted of two screening tests and one confirming test. The confirming test was used only if one of the screening tests indicated the presence of opiates in the urine sample. The following tests were used.

- Free Radical Assay Technique (FRAT). This screening technique was used to detect the presence of opiates by measuring the reaction between the opiate in the sample and a chemical solution with which it was mixed.
- Thin Layer Chromotography (TLC). This screening test was used twice on each urine sample. The first time, lab technicians used an untreated urine sample to detect amphetamines and barbiturates; the second time, they used a hydrolyzed urine sample (one with interfering chemicals removed by cooking the urine in an acid) to detect opiates. Lab technicians spotted the urine sample on a specially treated plate and then added various reagents. If various drugs were present in the sample, they then became visible as characteristic colors at specified points on the plate. A positive reaction to both this test and to the FRAT was considered adequate evidence of the presence of opiates.
- Gas Liquid Chromotography (GLC). This test was used to confirm the presence of opiates in samples that had tested positive in one of the screening tests. Lab technicians placed a hydrolyzed urine sample in a machine that created certain heat and pressure conditions. Then if the machine's needle deflected after a specified amount of time, the test was considered positive.

The various tests were considered to be complementary in nature; i.e., the slightly more sensitive FRAT must be confirmed by the slightly less sensitive but slightly more specific TLC or GLC tests. This was being done so that an individual would not be falsely identified as a drug user without adequate confirmation.



## SENSITIVITY OF URINALYSIS TESTS

Various individuals interviewed responsible for establishing and operating the urinalysis-testing laboratories expressed the opinion that the test was extremely accurate in identifying individuals who had used drugs within a 4-day period prior to the test; one believed that in this respect the tests were 99 percent accurate.

The USARV Medical Command performed a study on the tests' sensitivity to detect various drugs. The study showed that heroin taken by injection or inhalation would be detected in the urine almost immediately to about 96 hours or 4 days later. The study did not evaluate the time period the urinalysis tests would detect heroin taken by smoking. However, according to a USARV official, another survey contained evidence of the urinalysis tests' effectiveness in detecting heroin smokers. A survey of 2,932 drug users identified through the test showed that 1,645, or 56 percent, had taken heroin only by smoking.

The adequacy of urinalysis testing had been brought into question by a surprise test given to one unit. Eleven men at this unit volunteered for exemption before taking the urinalysis test. Only two of these 11 men were disclosed by the test as users although all told their commanding officer that they had smoked at least 1 vial of heroin within 12 hours of the test.

Medical Command officers advised us that they could not explain why these nine men were not detected by the testing. One officer stated that this test occurred early in the testing process and that possible reasons for not detecting the heroin might have been due to (1) mechanical error in the early testing because of excess humidity, (2) human error because of unfamiliarity of personnel in their job, (3) insufficient amounts of drugs consumed to be detected, and (4) diluted urine samples due to heavy consumption of liquids.

The unit commanders interviewed generally agreed that urinalysis testing was the most positive aspect of the drug abuse program in Vietnam. It provided commanders with an objective means of identifying drug users in order to provide them with medical aid or to administratively eliminate

those who were repeated disciplinary problems. The majority of officers also believed that the unannounced unit testing did identify the drug abusers in their unit.

PROCEDURES FOR COLLECTING AND  
TESTING URINE SAMPLES

There were facilities for testing urine samples at four Army laboratories in Saigon, Long Binh, Cam Ranh Bay, and DaNang. Each service gathered urine samples at various locations in Vietnam and shipped them to these laboratories to be tested. Certain procedures generally were followed in the collecting and testing process

- Searching each individual and his luggage before he gave a sample.
- Identifying individuals by orders, identification cards, and dog tags.
- Observing the individual providing the sample
- Measuring the specific gravity of the sample to insure that it is not excessively diluted.
- Using prenumbered tags to identify urine samples to appropriate orders or rosters.
- Maintaining custody of samples until turning them over to laboratory testing personnel
- Using prenumbered tags to identify test results of each sample.
- Preparing a roster of drug-positive personnel.

We observed operations at two Army testing laboratories and at two Army and three Air Force urine-collection stations. We also observed the administration of a surprise urinalysis test at one Army unit. The procedures appeared to be adequate to insure that a urine sample was valid, properly identified, and tested.

## RESULTS OF URINALYSIS TESTING

The Vietnam urinalysis-testing program for military personnel had been expanded from the original DEROS<sup>1</sup> testing begun on June 18, 1971, to all types of leave, foreign service extensions, reenlistments, unannounced unit tests, monthly followup testing of known users, pre-DEROS testing, and gangplank (i.e., preboarding) testing. The most comprehensive testing took place before an individual left Vietnam. He was required to take a pre-DEROS test 8 to 10 days before reporting to the replacement battalion for outprocessing, a DEROS test during outprocessing, and a surprise spot check test just as he boarded the aircraft to return home. To insure passing all tests the individual would have to abstain from using drugs for about 14 days before departure.

The results of the various urinalysis tests from inception of the program on June 18 through October 31, 1971, is summarized below

### Urinalysis Testing Results at October 31, 1971

	<u>Army</u>			<u>Air Force</u>		
	<u>Total tested</u>	<u>Positive</u>	<u>Percent</u>	<u>Total tested</u>	<u>Positive</u>	<u>Percent</u>
Category of test						
DEROS	101,391	4,786	4 7	18,339	77	0 4
Foreign service extension	7,263	89	1 2	894	2	0 2
Unannounced unit	32,643	1,696	5 2	607	5	0 8
Leave and rest and recuperation	18,192	174	1 0	4,398	10	0 2
Gangplank	13,736	211	1 5	—	—	—
Reenlistment	165	—	—	492	—	—
Followup	345	183	53 0	—	—	—
Suspected user	—	—	—	553	89	16 1
Other	—	—	—	<u>7,276</u>	<u>104</u>	<u>1 2</u>
Total	<u>173,735</u>	<u>7,139</u>	4 1	<u>32,559</u>	<u>287</u>	0 9

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<sup>1</sup>Date eligible for return from overseas.

We did not include pre-DEROS testing in the statistics above because it was not begun until November 6, 1971, after our fieldwork was completed.

The tests produced the following results.

- A relatively large number of positive test results were recorded during a 4-1/2 month period
- Unannounced unit testing had about 0.5 percent more positive results than DEROS testing, which indicated that some users had abstained from using drugs before reporting to DEROS testing.
- Gangplank testing, performed after personnel had successfully passed DEROS testing, indicated that 1 5 percent of those tested had abstained from using drugs before the known DEROS test or had somehow eluded detection while using drugs
- Followup testing showed that 53 percent of previously identified drug users returned to drugs.
- Air Force commanders identified a relatively high percentage of users by requiring suspected users to take urinalysis tests, this method identified almost one-third of all Air Force drug users identified through urinalysis testing at October 31, 1971.

Limitations on authority of Army officers  
to order urinalysis tests for suspected  
users

Air Force commanders believed that the selected testing of suspected drug abusers was the most effective part of the program. This opinion was supported by the relatively high rate of users so detected--about 16 1 percent compared with the overall Air Force rate of 0 9 percent.

Commanding officers at the Army units visited said they could not request a suspected drug user to take a urinalysis test. One commanding officer stated that he had detected a man using drugs but was precluded from assigning the man to a detoxification facility, because the sample was considered

to have been illegally obtained. Other officers believed that, if they were given the authority to require suspected users to take special urinalysis tests, their drug abuse problems could be more easily solved. These officers believed that they could identify the drug users in their units.

## CHAPTER 5

### AMNESTY PROGRAM,

### LIMITED PRIVILEGED COMMUNICATION PROGRAM,

### AND EXEMPTION PROGRAM

The Department of Defense (DOD) Exemption Program, called Limited Privileged Communication Program by the Air Force and originally called Amnesty Program by the Army, was established by directive on October 23, 1970. The directive stipulated that exemption would include

- immunity from prosecution under the UCMJ for unauthorized use of drugs,
- necessary medical assistance, and
- full cooperation of the individual in his rehabilitation.

Trial exemption programs had been underway in Vietnam since about October 1969. MACV developed overall guidelines for implementing an exemption program in Vietnam in Directive 190-4, issued December 10, 1970. By early 1971, exemption programs had been expanded to all USARV and 7th Air Force subordinate commands.

The MACV directive provided that a servicemember granted exemption.

- Must voluntarily express a sincere desire for assistance.
- Must not be currently under investigation for drug abuse.
- Must acknowledge that he would forfeit exemption and would be subject to punitive action if he subsequently used or possessed dangerous drugs.
- Must not have previously received exemption.

--Must not be in possession of, or under the influence of, narcotics or other drugs.

On March 24, 1971, MACV revised this to allow unit commanders to grant exemption more than once and to delete the requirement that the individual must not be under the influence of narcotics or other dangerous drugs at the time exemption was granted. Also, unit commanders reportedly relaxed the criteria regarding possession of drugs, by allowing the individual to turn in drugs without being prosecuted at the time he requested exemption.

We found that units had exercised a flexible policy in granting exemption more than once, at each unit there were individuals who had been granted more than one exemption.

In September 1971, this policy was effectively changed when USARV established the drug abuse holding center. The instructions for assignment of individuals to the center stated that, at the discretion of the unit commanders, persons twice detected as drug users through urinalysis testing could be transferred to the center to be administratively discharged from the service under honorable conditions, provided such action could be supported. Commanding officers told us that their policy was to transfer all twice-detected drug users to the center. Such action would be taken regardless of how the individual was initially identified as a drug user.

We discussed with USARV personnel this practice of using an individual's admission of drug use to administratively eliminate him from the Army if he were later detected as a user through a urinalysis test or other means. Such a practice might have an adverse impact on the credibility of the exemption policy. A USARV official advised us that this was not USARV's policy and that a directive would be issued indicating that each administrative elimination case should be considered on its own merits. We noted no similar actions being taken by the Air Force in Vietnam, because the majority of detected users were returned to the United States for treatment and subsequent reassignment or discharge.

Only 6 percent of the 555 individuals responding to our questionnaires acknowledged that they had not heard of the



Exemption Program, most showed familiarity with the major provisions of the program. The program had also achieved a relatively high degree of credibility, because 66 percent of the respondents to our questionnaires stated that they would trust the program.

Army and Air Force participants in the Exemption Program were removed from flying status and from positions requiring security clearances, and Air Force personnel were removed from the human-reliability programs. Air Force commanders decided whether to suspend a clearance (i.e., to limit access to classified material) on the basis of a personal review of each case's merits, no specific action was prescribed.

Prior to August 1971, it had been the Army's practice to automatically revoke clearances for those asking for exemption. At the time of our review, the Army changed this to automatic suspension of an individual's clearance--generally for a period of 60 to 80 days--when he was granted exemption. The participant's military occupational specialties and proficiency pay were not affected unless they were precluded from performing a specific job, such as flying.

At the five squadrons visited, we found only one individual in the Air Force exemption program who had had his security clearance suspended. This individual was retained in his job which did not require access to classified material. From January 1 through November 18, 1971, Army actions on identified drug users' security clearances included 751 suspensions, 44 reinstatements, 195 revocations, and 304 dossier entries (notations in a man's record indicating that final action on suspending his clearance was not completed because he was transferred to another command).

Both Army and Air Force personnel undergoing treatment as a result of the Exemption Program were considered to be in the line of duty and received all base pay during treatment. However, individuals involuntarily detected as drug users by urinalysis were being treated differently.

--Army personnel undergoing treatment in a detoxification facility as the result of involuntary urinalysis testing were automatically considered "not in

the line of duty due to own misconduct " They were not entitled to base pay during treatment, and the time spent in the facility was "bad time" that did not count toward the individual's period of obligated service

--Air Force personnel undergoing treatment as a result of involuntary urinalysis testing were considered "in line of duty" and were entitled to all base pay. An exception to this policy was when withdrawal was so severe that the individual could not have performed his normal duty, only rarely was withdrawal this severe

MACV and USARV officials advised us that they believed the services should have a common line-of-duty policy. The USARV official stated that the Department of the Army established its policy and USARV was required to comply with it. The MACV official believed that the two policies would have to be reconciled at the DOD level

## CHAPTER 6

### DETOXIFICATION, TREATMENT, AND

#### REHABILITATION PROGRAMS

Programs that had been established in Vietnam were designed to detoxify, treat, and rehabilitate drug users; however, the length and quality of such programs varied considerably. Although adequate records of recidivism rates were not available, there were indications that successful rehabilitation was often limited.

We were unable to determine the extent of the Air Force's success in rehabilitating drug users, because its personnel generally were detoxified in Vietnam and then were returned to the United States for treatment and rehabilitation. Both the Air Force and the Army were revising their rehabilitation programs--the Army by standardizing the length and quality of services provided and the Air Force by developing a rehabilitation program within Vietnam. We could not quantify the effect that standardizing the Army's program would have on the success of in-country rehabilitation. Lengthening the stay of the patients at the centers and providing additional personnel trained in treating the patients' psychological problems were expected to improve the program.

Some medical personnel and many unit commanders believed that rehabilitation in Vietnam might not be possible, due to the ready availability of drugs, the adverse environment, and the lack of trained personnel to aid the user.

#### ASSIGNMENT OF DRUG USERS TO REHABILITATION FACILITIES

Army personnel requesting exemption were assigned to one of 12 rehabilitation centers operated by various commands. Individuals involuntarily detected as drug users through urinalysis testing were assigned to two drug treatment facilities or to the drug abuse holding center operated by the USARV Medical Command.

Air Force personnel, however detected, were assigned to a centralized detoxification center at Cam Ranh Bay, after

which they were generally medically evacuated to Lackland Air Force Base, Tex., where they underwent rehabilitation.

The capacity for, and volume of, personnel treated in various detoxification facilities from January through October 1971 is shown below.

<u>Type facility</u>	<u>Number</u>	<u>Capacity (beds)</u>	<u>Number of patients treated</u>
Army:			
Rehabilitation centers	12	299	14,359 <sup>a</sup>
Drug treatment "	2	400	5,555
" abuse holding center	1	134	192
Air Force:			
Detoxification facility	<u>1</u>	<u>78</u>	<u>423</u>
Total	<u>16</u>	<u>911</u>	<u>20,529</u>

<sup>a</sup>This was the total number of amnesty-rehabilitation participants during the period of our review; not all had gone to a rehabilitation center.

Although the various facilities had different names and served different categories of personnel, the treatment was basically the same detoxifying the individual, who would then be returned to his unit or transferred to a U.S. rehabilitation facility. Those air evacuated to the United States were in hospital robes and were given mild sedatives under medical supervision; on flights made during the period June 21 through September 14, 1971, they were also strapped in litters.

The treatment given at the various facilities is described below.

#### Army rehabilitation centers

The Army operated 12 rehabilitation facilities with capacities ranging from four to 75 beds. We visited five of these centers and found a variety of programs in operation. Four of the facilities had a detoxification program lasting 3 to 7 days, whereas the other center's program lasted

14 days. In all programs, the patients were volunteers, and only the center with the 14-day program required the patients to remain for a specified amount of time. At the others, the patients could leave any time but in so doing they would not be allowed to return for treatment later.

The 3- to 7-day program was aimed primarily at getting men off drugs. Counselors generally were available to talk to the patients and the patients were encouraged to participate in group activities. The patient's daily routine generally consisted of simple duties, such as cleaning his bed area, and participating in private or group counseling sessions. He would be given additional rehabilitation when he returned to his unit. In the 14-day program, the patient was detoxified for 4 or 5 days and then began an all-day routine of physical training, work details, recreational activities, and counseling, which lasted from 5.30 a.m. to 11.00 p.m.

#### Army drug treatment centers

The Army had established drug treatment centers at Long Binh and Cam Ranh Bay and planned to establish a third at Da Nang. These centers were for detoxification and rehabilitation of personnel involuntarily detected as drug users through urinalysis testing or through law enforcement activities. One of these centers required its patients to remain at least 72 hours. The other had no minimum confinement period. Most patients detected in outprocessing urinalysis testing stayed from 4 to 6 days. Unlike the patients in rehabilitation centers, patients in the Army drug treatment centers were not allowed to leave the centers until they were released by medical personnel. Also they were required to have two successive negative urinalysis tests, the tests were given daily to insure that the men be negative on 2 consecutive days. The patients' routine was similar to that of the 3- to 7-day rehabilitation center program.

A psychiatrist at one of the facilities advised us that the program could only detoxify patients and get them to think about a life without drugs. Patients detoxified at the centers were to be further rehabilitated at their assigned units or, if the individuals had completed their Vietnam tours, at one of 34 Army hospitals or at a Veterans Administration (VA) hospital in the United States.

### Army drug abuse holding center

The Army drug abuse holding center processed repeated drug abusers assigned to it at the discretion of unit commanders for administrative discharge under honorable conditions. The center also handled overflow patients from the Long Binh drug treatment center. Personnel were detoxified in the same manner and time period as those assigned to the drug treatment centers.

Judicial dispositions of the discharge-type cases generally were handled within 7 days. From the time the center opened on September 24, to October 31, 1971, 94 men were assigned to be administratively discharged. Disposition was as follows

Administrative discharge	59
Undesirable discharge	2
Curtailement of foreign service tour	1
Return to duty	2
In process	<u>30</u>
Total	<u>94</u>

Men administratively separated from the service were assigned to stateside Army and VA hospitals in the same manner as other Army personnel returning to the United States after treatment in the drug treatment centers.

### Air Force detoxification facility

Since June 21, 1971, most Air Force personnel detected as drug abusers were sent to the detoxification facility at Cam Ranh Bay. They remained at the center a minimum of 3 days--the average stay was 5 to 7 days--and they must have had two negative urinalysis tests before they were released. Rehabilitation efforts at the facility were limited to a daily 1-hour group-counseling session directed by a social worker from the hospital's mental health clinic.

After detoxification, a physician and a psychiatrist examined the individual to determine whether he should be returned to duty or transferred to the Air Force drug treatment

facility at Lackland Air Force Base, Tex. About 78 percent of all detected drug users admitted to the center were returned to the United States for further treatment. The disposition of these individuals was unknown, because Air Force personnel in Vietnam received no feedback from the Lackland facility.

ADEQUACY OF USARV FACILITIES TO  
DETOXIFY PERSONNEL

Officers in charge of four rehabilitation facilities believed that they were not obtaining adequate command support. The main problems related to insufficient qualified staff. One officer stated that his facility was operating at about one-third of its capacity and had to turn away about 30 patients during a 2-day period in September 1971 because of insufficient staff. Officers were often frustrated because the drug treatment centers serving men involuntarily detected as users through urinalysis testing were receiving more support than facilities serving men who had voluntarily sought aid under the exemption program.

We were also told that USARV had to reduce unannounced unit testing due to the drug treatment centers' limited facilities. The number of patients exceeded the number of beds available.

In December 1971, a USARV official advised us that the command had continually upgraded its rehabilitation facilities and program and that it was implementing a standardized program at all 10 rehabilitation centers. (See pp. 39 and 40 for further detail of the standardized program. He also stated that some centers had upgraded their facilities and that the 10 centers employed 59 of the 80 psychiatric social workers and medical corpsmen required for the standardized program.

The official also stated that there still were delays in assigning some users identified through urinalysis testing to drug treatment centers but that these delays generally did not exceed 2 days and were not considered serious because of the mild withdrawal symptoms exhibited by most drug users.

## ARMY UNIT-LEVEL REHABILITATION

After an individual with time remaining on his Vietnam tour had been detoxified at one of the Army facilities described previously, he was returned to his unit to be rehabilitated in his work environment. The four programs visited varied considerably. Two commands formed battalion-level drug awareness teams of two to three men. Each team had no other duties than counseling individuals with drug problems and providing classes in drug education. The awareness teams sponsored the following activities and projects.

- Unit coffee houses where men could get together, relax, and discuss their problems.
- Safe houses where awareness teams could supervise detoxified users and segregate them from the rest of the unit while they readjust to life without drugs. (Assignment here was voluntary.)
- Periodic rap sessions where former drug users could discuss their problems.
- Periodic classes to make unit personnel aware of the consequences of drug use.
- Periodic visits to detoxified users to reassure them and to help them with any problems they may be having in their job or personal life.

The other two commands visited did not have battalion awareness teams. The unit commander or first sergeant would counsel a former drug user when he returned from a detoxification center, and afterwards on an infrequent, informal basis or if the man was causing trouble or failing to adequately perform his job. One company in each command had also tried assigning a "buddy" to the drug user to act as a buffer between him and the rest of the unit. One company commander thought the buddy system was effective, whereas the other company commander discontinued the buddy system because of its lack of success.

The consensus of unit commanders interviewed thought that many of the detoxified drug users required psychological



and/or psychiatric help. The commanders with access to awareness teams believed that the team counseling had helped somewhat--it was better than no aid at all. The commanders without access to battalion awareness teams believed such teams might be of some benefit, if they had adequate psychological/psychiatric training to cope with the drug users' problems.

Most commanders agreed that they did not have the facilities and trained counselors necessary for a really effective program and that they had received no additional funds or personnel to implement drug abuse programs.

#### AIR FORCE UNIT-LEVEL REHABILITATION

Prior to late June 1971, Air Force exemption participants were detoxified locally at the base medical facility. No formal rehabilitation program was established and assistance varied from base to base. Of the bases visited, only one had had an active local program, and it was discontinued in September 1971, due to a lack of participants. This base had utilized the facilities of a nearby Army rehabilitation facility to detoxify drug users. The program had consisted of 2 weeks of daily counseling and recreational therapy directed by a professional social worker.

At the other two bases, there was no rehabilitation program and a man was given little aid once he was reassigned to his unit. One reason given for this was that there was no full-time counseling staff available to devote time to drug users.

Since late June 1971, most Air Force bases have used the Air Force facility at Cam Ranh Bay to detoxify drug users. Through October 31, 1971, 415 Air Force men have been detoxified at the facility--324 were transferred to Lackland Air Force Base and 91 were returned to duty in Vietnam. Some of those returned to duty had been sent to the facility for observation as a result of inconclusive urinalysis tests--often no drug withdrawal symptoms had been noted and the man was subsequently returned to his unit. Of the 415 men detoxified at the facility, 126 were exemption participants--only 30 of these 126 had been returned to duty as of October 31, 1971. At the time of our visits

to three local air bases, no exemption returnees from the Cam Rahn Bay facility were present.

The extent and quality of rehabilitation efforts for men returned to Lackland was not known by local Air Force officials, because Lackland had channeled no information back to the Air Force in Vietnam.

#### RATES OF RELAPSE OF DETECTED DRUG USERS

Adequate records indicating the rates of relapse of drug abuse patients were not available. However, there were the following indications that success in rehabilitation was often limited.

- Over 20 percent, or 2,890, of 14,359 Army participants in the Exemption Program were considered unsuccessful participants--i e., they did not complete the minimal 3- to 14-day rehabilitation schedules set by each center
- Fifty-three percent, or 183, of the 345 Army men who had undergone followup testing had returned to drug use within 1 month. This followup testing, which had been in effect for only 1 month, was given to men 1 month after they had been detoxified. Thirteen of these men were from one company we visited, 14 men in the company had been detected as users in an unannounced unit urinalysis test and 1 month later 13 were again detected as positive.

Similar information could not be obtained for the Air Force because most rehabilitation efforts were made in the United States with no feedback to Vietnam.

Many Army and Air Force unit commanders and medical personnel with whom we talked believed rehabilitation in Vietnam to be virtually impossible, due to the

- Unlimited availability of drugs at relatively low cost.
- Boredom associated with military jobs and restriction to bases having only limited recreational facilities.

--Lack of trained psychiatric personnel to help the drug abuser.

One Army psychiatrist believed that the majority of patients at the drug treatment centers might not use drugs upon return to the United States, however, 95 to 100 percent would probably return to drugs upon release from the center to their unit. He said that such individuals would be facing the same pressures and frustrations with which they could not cope that had caused them to turn to drugs. Other medical officers interviewed stated that in-country rehabilitation could be accomplished, however, there just were not enough trained personnel in Vietnam to adequately cope with the problem.

A typical statement made by commanding officers was that "I don't have the qualified personnel to adequately cope with the problem of the drug abuser in Vietnam." Most commanders believed that it was in the best interest of the man to return him to the United States where he could get more intensive care.

The following new procedures are expected to provide the military with information on patient relapse and provide a basis for modification of the rehabilitation program (1) recording information related to drug abuse in a man's medical file and (2) giving all detected drug users monthly followup urinalysis tests.

#### CHANGES CONTEMPLATED IN REHABILITATION PROGRAM

On September 9, 1971, the USARV Commanding General issued a message announcing that USARV had established a commandwide rehabilitation program to be carried out with medical supervision at 10 standardized rehabilitation centers. The standardized program included:

--Facilities for 30 beds.

--A staff of two officers and 26 enlisted men, including one medical officer, four psychiatric social workers, and four medical corpsmen.

--Assignment of exemption participants to 14 days at the center for detoxification and participation in individual and group therapy, education classes, supervised athletics, and recreation.

--Liaison activities with the unit to include outpatient service and followup activities.

The Air Force also was revising its programs to provide in-country rehabilitation to handle patients unable to be treated at the Lackland facility. Social Actions Officers would be appointed at all airbases in Vietnam, and major programs at three bases would house full-time Social Actions Officers. After a man was detoxified at the Cam Ranh Bay facility, he would be counseled weekly for 3 weeks and monthly for an additional 5 months by several base officers.

Neither the Army nor the Air Force had completely implemented these programs at the time we completed our field-work

#### REHABILITATION OF INDIVIDUALS RETURNED TO THE UNITED STATES

MACV officials emphasized that the majority of drug users medically evacuated to the United States were considered by Army medical personnel to have fair to excellent prospects for rehabilitation. A USARV study indicated that approximately 85 percent of Army drug users medically evacuated to the United States during the period August 12 to December 13, 1971, were classified as having fair to excellent rehabilitation potential.

A MACV official stated that this potential for rehabilitation varied significantly from the typical drug user in the United States. Most of the Vietnam returnees involved in drug rehabilitation felt that they either had no problems with drugs or that their use of drugs was a transient, situational activity which would not recur after leaving Vietnam. The official emphasized that the Army should take advantage of this potential by offering extensive, quality therapy at the Army and VA hospitals that treat these drug users. He also recommended that feedback from the U S drug treatment facilities would help enable MACV to improve its drug rehabilitation program in Vietnam.

## CHAPTER 7

### OBSERVATIONS

We compiled the information presented in this report from visits to military installations in Vietnam. We interviewed program management personnel, as well as military personnel participating in the drug abuse control program, and received from them a type of information not readily obtainable from the military services' records. Therefore we did not make extensive tests to independently verify the accuracy or completeness of the information obtained, nor have we attempted to formulate an overall evaluation of the drug abuse control programs being developed by the military departments. Notwithstanding, certain initial impressions are offered for consideration.

#### LAW ENFORCEMENT AND DRUG SUPPRESSION PROGRAMS

Military law enforcement units devoted a significant amount of time to controlling drugs. Their efforts, generally coordinated with Vietnamese operations, apparently had lessened but had not eliminated the availability of drugs to American military personnel on or near military bases or populated areas.

Some military personnel felt that marihuana was easier to suppress than other drugs because of its bulk and its distinctive odor when smoked. Therefore, efforts to suppress marihuana had been relatively successful, however, some officers and drug users believed that this success had resulted in many individuals switching to narcotics. But there appears to be little alternative to a strong marihuana suppression program because using marihuana is illegal.

In Vietnam, the Army and the Air Force had relaxed their earlier policy of court-martial prosecution of individuals for simple use or possession of drugs. Individuals apprehended for selling drugs or for committing crimes while under the influence of or in possession of drugs were prosecuted under courts-martial and generally received stiffer sentences than those apprehended for simple use or possession.

## EDUCATIONAL PROGRAMS

The military units in Vietnam have established programs which appeared to be sufficiently extensive to make military personnel aware of the availability of drugs in Vietnam and the dangers of drug abuse. Educational efforts stressed formal and informal briefings by unit personnel and drug education teams, supplemented by information disseminated by American Forces radio and television, unit newspapers and posters, and pamphlets and books on drugs and their abuse. However, the extent to which these educational programs deterred military personnel from using or experimenting with drugs had not been determined.

Although educational efforts were extensive, we were unable to determine whether all military personnel had received the benefits of the program because the military units did not maintain records of attendance at orientations and classes.

We were frequently told that presentations by doctors, chaplains, and former drug users were the most effective means of disseminating information in drug classes. If subordinate commands made greater use of lesson plans or educational teams available through either MACV or USARV, more accurate and consistent information would probably be presented throughout Vietnam.

## IDENTIFICATION OF DRUG USERS

By various methods the military in Vietnam identified a large number of drug users. Urinalysis testing complemented the exemption program and law enforcement efforts by providing a relatively objective means of identifying drug abusers. Procedures for collecting and testing urine samples had been developed to reasonably insure that a valid urine sample was provided, properly identified, and tested.

Although there were possible shortcomings in the urinalysis-testing program--such as human error in identifying and testing urine samples and limitations on the length of time that the test could detect the presence of drugs in a person's system--that program was the most effective means of identifying users. The program was expanded to include

unannounced unit testing, testing of all individuals going on leave, pre-DEROS testing, gangplank testing, etc., and this considerably lessened the probability that individuals could evade detection over an extended period of time.

Army unit commanders, unlike Air Force commanders, could not require individuals suspected of drug abuse to undergo urinalysis testing. Air Force commanders thought that this program deterred drug abuse and helped to identify users. It thereby enabled the military to provide necessary aid to the user at an early stage of drug use

#### AMNESTY PROGRAM, LIMITED PRIVILEGED COMMUNICATION PROGRAM, AND EXEMPTION PROGRAM

The established exemption programs made it possible for large numbers of drug users to seek help without fear of courts-martial punishment under the UCMJ. Army and Air Force program participants generally received comparable consideration of their rights and privileges, except in the disposition of security clearances and line-of-duty determinations for those men involuntarily identified by urinalysis testing as drug users. Greater consistency among the services would insure more equitable treatment of servicemembers.

#### DETOXIFICATION, TREATMENT, AND REHABILITATION PROGRAMS

Army and Air Force units in Vietnam established programs to detoxify and to rehabilitate identified drug users. These programs, however, generally had no centralized control, hence the considerable variance in length and quality of services provided military personnel. We were unable to determine the degree of success of the Air Force rehabilitation program because their personnel were generally rehabilitated in the United States.

Many officers interviewed believed rehabilitation of drug users in Vietnam to be virtually impossible because of environmental conditions, ready availability of drugs at low cost, and lack of trained personnel to aid identified users

Both services were revising their in-country rehabilitation programs. Although we are unable to assess

how effective these proposed programs will be, they do appear to overcome some of the major shortcomings that we observed in the programs



## LOCATIONS OF ORGANIZATIONS VISITED

## IN VIETNAM

DURING JULY THROUGH NOVEMBER 1971

<u>Organization</u>	<u>Location</u>
MILITARY ASSISTANCE COMMAND, VIETNAM (MACV)	Saigon
ARMY:	
United States Army, Vietnam (USARV)	Long Binh
Saigon Support Command	Long Binh
18th Military Police (MP) Brigade	Long Binh
1st Signal Brigade	Long Binh
1st Aviation Brigade	Long Binh
101st Airborne Division	Camp Eagle
90th Replacement Battalion	Long Binh
22d Replacement Battalion	Cam Ranh Bay
185th Maintenance Battalion	Long Binh
Drug treatment center	Long Binh
Drug treatment center	Cam Ranh Bay
Drug abuse holding center	Long Binh
AIR FORCE:	
7th Air Force	Saigon
Tan Son Nhut Air Base	Saigon
Bien Hoa Air Base	Bien Hoa
Cam Ranh Bay Air Base	Cam Ranh Bay
Detoxification facility	Cam Ranh Bay

## APPENDIX II

### PRINCIPAL OFFICIALS OF THE DEPARTMENT OF DEFENSE AND THE MILITARY DEPARTMENTS RESPONSIBLE FOR ACTIVITIES DISCUSSED IN THIS REPORT

	<u>Tenure of office</u>	
	<u>From</u>	<u>To</u>
<u>DEPARTMENT OF DEFENSE</u>		
SECRETARY OF DEFENSE		
Melvin R. Laird	Jan. 1969	Present
ASSISTANT SECRETARY OF DEFENSE (MANPOWER AND RESERVE AFFAIRS)		
Roger T. Kelley	Feb. 1969	Present
ASSISTANT SECRETARY OF DEFENSE (HEALTH AND ENVIRONMENT)		
(note a)		
Dr. Richard S. Wilbur	Aug. 1971	Present
Dr. Louis H. Rousselot	Jan. 1968	July 1971
DEPUTY ASSISTANT SECRETARY (DRUG AND ALCOHOL ABUSE)		
Brig. Gen. John K. Singlaub	Sept. 1971	Present

<u>DEPARTMENT OF THE ARMY</u>		
SECRETARY OF THE ARMY		
Robert F. Froehlke	July 1971	Present
Stanley R. Resor	July 1965	June 1971
THE SURGEON GENERAL		
Lt. Gen. H. B. Jennings, Jr.	Oct. 1969	Present

<u>Tenure of office</u>	
<u>From</u>	<u>To</u>

DEPARTMENT OF THE ARMY (continued)OFFICE OF DEPUTY CHIEF OF STAFF,  
PERSONNEL (DIRECTOR OF DISCIPLINE AND DRUG POLICIES).

Brig. Gen. Robert G. Gard, Jr.	May 1971	Present
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DEPARTMENT OF THE NAVY

## SECRETARY OF THE NAVY:

John W. Warner	May 1972	Present
John H. Chafee	Jan. 1969	May 1972

## SURGEON GENERAL OF THE NAVY:

Vice Adm. George M. Davis	Feb. 1969	Present
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OFFICE OF THE CHIEF OF NAVAL  
OPERATIONS (HUMAN RELATIONS  
PROJECT MANAGER)

Rear Adm. C. F. Rauch, Jr.	Apr. 1971	Present
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MARINE CORPS, U.S. HEADQUARTERS:  
DEPUTY ASSISTANT CHIEF OF STAFF  
G-1

Brig. Gen. R. B. Carney	May 1970	Present
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DEPARTMENT OF THE AIR FORCE

## SECRETARY OF THE AIR FORCE:

Robert C. Seamans, Jr.	Jan. 1969	Present
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## SURGEON GENERAL.

Lt. Gen. Alonzo A. Towner	May 1970	Present
Lt. Gen. K. E. Fletcher	Dec. 1967	Apr. 1970

Tenure of officeFromToDEPARTMENT OF THE AIR FORCE (continued)OFFICE OF DEPUTY CHIEF OF STAFF,  
PERSONNEL (DIRECTOR OF PERSON-  
NEL PLANS).

Maj. Gen. J. W. Roberts

Jan. 1971 Present

<sup>a</sup>This position was formerly entitled "Deputy Assistant Secretary of Defense (Health and Medical)" under the Assistant Secretary of Defense (Manpower and Reserve Affairs). The change was effective in June 1970. Dr. Rousselot occupied the position under both titles.

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